



14-May-2004 01:18pm From:GERON CORP

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T-196 P.002/003 F-233

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022869 7590 02/27/2004

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KARIN ZILLEN (Depositor's name)
Karin Zillen (Signature)
May 14 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/042,460	03/16/1998	GREGG B. MORIN	015389003110	5004

TITLE OF INVENTION: MOUSE TELOMERASE REVERSE TRANSCRIPTASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO YES	\$4330 \$665	\$0	\$4330 \$665	05/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
KAUSHAL, SUMESH	1636	435-069100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. J. Michael Schiff

2. David J. Earp

3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(1) Geron Corporation

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Menlo Park, California

(2) Albert Einstein College of Medicine of Yeshiva University, A Division of Yeshiva University

Bronx, New York

Please check the appropriate assignee category or categories (will not be printed on the patent):

☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature)

(Date) May 10/04

J. Michael Schiff, Registration No. 40,253

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TRANSMIT THIS FORM WITH FEE(S)



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Attorney Docket No.: 015389-003110; 019/224P

geron

J. Michael Schiff, Ph.D.
GERON CORPORATION
230 Constitution Drive
Menlo Park, CA 94025
Phone: (650) 473-7715
Fax: (650) 473-8654

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USSN 09/042,460

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